

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

*DEPARTMENT OF ADMINISTRATION*

*DIVISION OF TAXATION*

*ONE CAPITOL HILL*

*PROVIDENCE, RI 02908-5800*

**APPLICATION FOR ESTATE TAX WAIVER**

NAME OF DECEDENT:

DATE OF DEATH:

DECEDENT'S ADDRESS:

HAS FORM 100 BEEN FILED?

ASSESSMENT NUMBER

#

YES \_\_\_\_\_ NO \_\_\_\_\_

Number of shares or  
face amount of bond

Name of Company

Held in the name of:

**A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH COMPANY**

**THIS FORM SHOULD BE TYPED AND SUBMITTED IN DUPLICATE**

**FOR OFFICIAL USE ONLY**

This is to certify that authority is hereby given to transfer  
the above described property belonging to the estate of  
the above named decedent

\_\_\_\_\_  
Tax Administrator

**VALID ONLY WHEN SEAL AFFIXED**